

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000067513 (9)**

1. Corporation Name

INFORMATION & TELEPHONE SERVICES, INC.



Principal Place of Business

**616 DILLARD ST
WINTER GARDEN FL 34787
US**

Mailing Address

**9318 EAST COLONIAL DRIVE
SUITE A-16
ORLANDO FL 32817**

3. Date Incorporated or Qualified
09/12/1994

3a. Date of Last Report
08/08/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 **616 S. Dillard Street**

27 Suite, Apt. #, etc.

28 City & State

Winter Garden, FL

29 Zip

34787

30 Country

USA

4. FEI Number

59-3267150

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**RUNYONS, RODNEY
9318 E. COLONIAL DR.
SUITE A16
ORLANDO FL 32817**

10. Name and Address of New Registered Agent

81 Name

J. Rodney Runyons

82 Street Address (P.O. Box Number is Not Acceptable)

616 South Dillard Street

83

84 City

Winter Garden

FL

85 Zip Code

34787

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

J. Rodney Runyons

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **FREEMAN, PATRICK**
STREET ADDRESS **124 OLYMPUS DRIVE**
CITY-ST-ZIP **OCOCHEE FL 34761**

TITLE **ST** ☐ DELETE
NAME **BECKER, JAMES R**
STREET ADDRESS **10600 BLOOMFIELD #104**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **D** ☐ DELETE
NAME **STEVENS, R. MICHAEL**
STREET ADDRESS **650 ST MARKS**
CITY-ST-ZIP **EVANSVILLE FL 47715**

TITLE **PD** ☐ DELETE
NAME **FREEMAN, DAMIAN T**
STREET ADDRESS **2528 ROBERT TRENT JONES DR #1611**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Damian T. Freeman, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

407-659-5800

CR2E034 (12/95)